

-NO IFP
-NO CV-30

UNITED STATES DISTRICT COURT

RELATED DDJ

for the

District of _____

Division _____

| | |
|--------------------------------|------------|
| FILED | |
| CLERK, U.S. DISTRICT COURT | |
| 02/03/2024 | |
| CENTRAL DISTRICT OF CALIFORNIA | |
| BY: | DVE DEPUTY |

WADE, DK

) Case No. 5:24-cv-00280-MWF-(JPR)

) (to be filled in by the Clerk's Office)

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Orange Police Department

) Jury Trial: (check one) Yes No

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Non-Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

| | | | |
|------------------|--------------------------------|-------|----------|
| Name | Devin Wade | | |
| Address | Homeless (deprivation of life) | | |
| | Chino Hills | CA | 91709 |
| County | City | State | Zip Code |
| Telephone Number | Riverside | | |
| E-Mail Address | 909-306-4164 | | |
| | wadedevin88@yaoo.com | | |

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

| | | | |
|--|---|-------|----------|
| Name | Orange Police Department | | |
| Job or Title <i>(if known)</i> | (n/a , intelligence level no high enough to comprehend) | | |
| Address | City | State | Zip Code |
| County | Orange | | |
| Telephone Number | CA | | |
| E-Mail Address <i>(if known)</i> | Orange County | | |
| | | | |
| | | | |
| | | | |
| <input type="checkbox"/> Individual capacity | <input checked="" type="checkbox"/> Official capacity | | |

Defendant No. 2

| | | | |
|--|--|-------|----------|
| Name | | | |
| Job or Title <i>(if known)</i> | | | |
| Address | City | State | Zip Code |
| County | | | |
| Telephone Number | | | |
| E-Mail Address <i>(if known)</i> | | | |
| | | | |
| <input type="checkbox"/> Individual capacity | <input type="checkbox"/> Official capacity | | |

Defendant No. 3

Name _____

Job or Title (*if known*) _____

Address _____

City _____

State _____

Zip Code _____

County _____

Telephone Number _____

E-Mail Address (*if known*) _____ Individual capacity Official capacity

Defendant No. 4

Name _____

Job or Title (*if known*) _____

Address _____

City _____

State _____

Zip Code _____

County _____

Telephone Number _____

E-Mail Address (*if known*) _____ Individual capacity Official capacity**II. Basis for Jurisdiction**

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (*check all that apply*): Federal officials (a *Bivens* claim) State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

18 U.S. Code § 1623(c), 18 Usc 3771 before False declarations before grand jury or court
 18 U.S. Code § 1961(b), 18 U.S. Code § 1512, 18 U.S. Code § 1513, + 2331(5) or 2332b

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

D. Section 1983 allows defendants to be found liable only when they have acted “under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia.” 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. Where did the events giving rise to your claim(s) occur?
refer to attached

B. What date and approximate time did the events giving rise to your claim(s) occur?
refer to attached

C. What are the facts underlying your claim(s)? (*For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?*)
refer to attached

IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

Deprived Of Life | Loss of Life

V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

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VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: _____

Signature of Plaintiff

Devin Wade

Printed Name of Plaintiff

B. For Attorneys

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address
